## Community Services (DCS)



## OFFICE OF THE CITY CLERK

City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810



2014 JAN 29 PM 2: 16

## PUBLIC DISCLOSURE FORM FOR CALENDAR YEAR 14

(PRINT	OR TYPE CLEARLY)
NAME .	CORU K. NOKOTO POSITION/ELECTIVE OFFICE DEDUTY DIRECTOR
DEPAR	TMENT/AGENCY DEPORTMENT OF COMMUNITY SERVICES
NAME	of spouse_Jo Ann Natara
Check t	he appropriate box and fill in any applicable dates:
	INITIAL STATEMENT: Date on which you assumed office or began employment in this position  You must file within twenty (20) working days after this date disclosing financial interests held during the preceding calendar year.
	<b>ANNUAL STATEMENT:</b> You are required to file not later than January 31 of each year disclosing all financial interests held during the preceding year.
	<b>LEAVING OFFICE STATEMENT:</b> You are leaving or have left your office on and must file a statement within ten (10) working days of that date. You must disclose financial interests held during the preceding calendar year.
	<b>CANDIDATE STATEMENT:</b> You must file no later than ten (10) working days after the deadline for filing as a candidate for office disclosing interests held during the calendar year preceding the due date of the statement.
	VERIFICATION
knowled	I declare that I have used all reasonable diligence in preparing this form, that I have reviewed Item Nos. 1 through 9, and to the best of my dge the information provided in this form is true and correct.
Date	January 20, 20 14. Signature

## **GENERAL INSTRUCTIONS**

	All o	questions must be ansv	vered in regard to	vourself, your s	pouse, and all de	ependent children.	Use Abbreviations:
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All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000	E. :	\$50,000 - \$99,999	1.	\$300,000 - \$399,999	М.	\$700,000 - \$799,999
B. \$1,000 - \$9,999	F. :	\$100,000 - \$149,999	J.	\$400,000 - \$499,999	N.	\$800,000 - \$899,999
C. \$10,000 - \$24,999	G.	\$150,000 - \$199,999	K.	\$500,000 - \$599,999	Ο.	\$900,000 - \$999,999
D. \$25,000 - \$49,999	H. :	\$200,000 - \$299,999	L.	\$600,000 - \$699,999	P.	At least \$1,000,000

1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

	None	$\Box$	Additional sheets attached
 	140110		, laditional shoots attached

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F	Cityle county of Hondulu	Doputy Director	2013	F
SP	State of Hawaii	Statistician	2013	D

<sup>&</sup>quot;F" for filer

<sup>&</sup>quot;SP" for spouse

<sup>&</sup>quot;DC" for dependent children

<sup>&</sup>quot;JT" for joint interests of the filer and filer's spouse

Person(s) Incurring De	bt Creditor	Origina	ıl Loan Amount	Amount Outstanding
Torson(s) mounting be	oreditor	Origina	i Loan Amount	Amount Outstanding
or more or equal to 10 accounts in federal of	TERESTS IN BUSINESSES IN BUSIN	inesses incorporated, regulat	ed, or licensed to carry on b	usiness in Hawaii. Do not re
None	Additional sheets attached			
•	Business Name and	Nature of Business	Percentage of Interest	Value of Interest
Owner(s)	Address	Nature of Business	<del>                                     </del>	····
Owner(s)		INALUIE OF BUSINESS	<u> </u>	

Nor	ne Addition	nal sheets attached			
Owr	nership or Interest	Date of 1	ransfer		
organization	n, whether or not op Be sure to report fi	ary positions include, but are erated for profit. Fiduciary duciary positions in non-prof nal sheets attached	positions also include bei	directorships, or positions as ng a majority shareholder	s trustee in any busine in a small or closely
organization corporation.	n, whether or not op Be sure to report fi	erated for profit. Fiduciary duciary positions in non-prof	positions also include bei it corporations.	directorships, or positions as ng a majority shareholder Term of Office	s trustee in any busines in a small or closely l Annual Compensation
organization corporation.	n, whether or not op Be sure to report find the Addition	erated for profit. Fiduciary duciary positions in non-proful all sheets attached	positions also include bei it corporations.	ng a majority shareholder	in a small or closely  Annual
organization corporation.	n, whether or not op Be sure to report find the Addition	erated for profit. Fiduciary duciary positions in non-proful all sheets attached	positions also include bei it corporations.	ng a majority shareholder	in a small or closely  Annual

	N INSOLVENT BUSINESS worth \$5	,000 or more.	
Holder	Name & Address	of Business Nature of	f Business Value
CLIENTS PERSONALLY F the preceding calendar yea authority and do not need t	ar. Do not report representation inv	NCIES. Only report representation olving ministerial matters. "Ministerial matters"	n for which you received compensation sterial matters" do not require discre
	ditional sheets attached		
Representative	Client	City Agency	Nature of Representation

8. REAL PROPER reasonable mar	nner, such as assesse	neets attached			rt the value of the property in an
Owner(s)	Tax Map	Key Number & Stree	t Address	Value	Year Obtained
JT	2400502100 1450 You Honolulu,	42 ng St. # (202 H1 96614		*471,800	1996
9. REAL PROPER year. For this it	tem, indicate the actu	al amount of the tran	operty transferred in saction, even if it is I	the City and County of Honoless than the value (as in the	ulu during the preceding calenda case of a gift).
L,X. None	Additional si	heets attached			
Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key Nu	mber & Street Address